

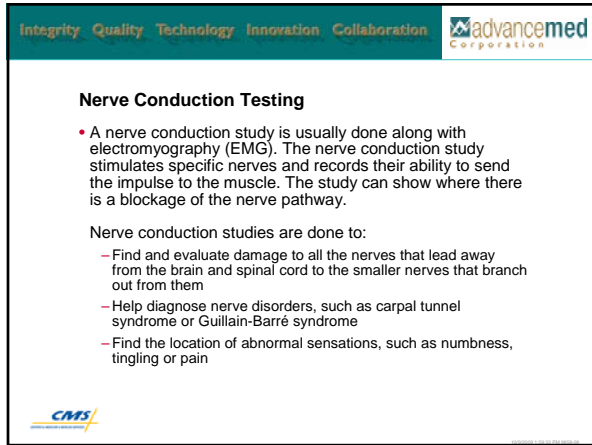



Nerve Conduction Studies

Presenter: Jeff White, Data Analysis Manager
 Significant contributor: Chad Landroop, Chief Statistician

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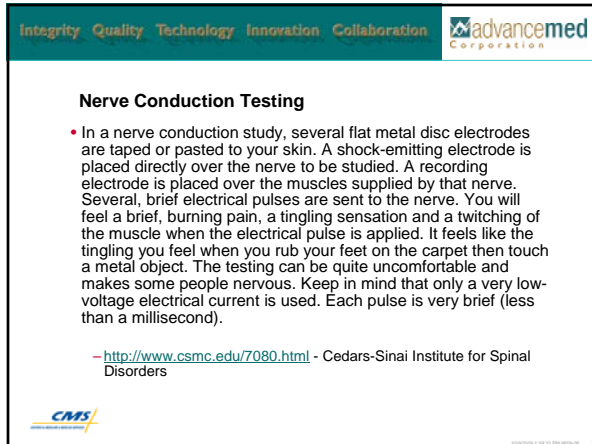
Nerve Conduction Testing


- A nerve conduction study is usually done along with electromyography (EMG). The nerve conduction study stimulates specific nerves and records their ability to send the impulse to the muscle. The study can show where there is a blockage of the nerve pathway.

Nerve conduction studies are done to:

- Find and evaluate damage to all the nerves that lead away from the brain and spinal cord to the smaller nerves that branch out from them
- Help diagnose nerve disorders, such as carpal tunnel syndrome or Guillain-Barré syndrome
- Find the location of abnormal sensations, such as numbness, tingling or pain







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Nerve Conduction Testing

- In a nerve conduction study, several flat metal disc electrodes are taped or pasted to your skin. A shock-emitting electrode is placed directly over the nerve to be studied. A recording electrode is placed over the muscles supplied by that nerve. Several, brief electrical pulses are sent to the nerve. You will feel a brief, burning pain, a tingling sensation and a twitching of the muscle when the electrical pulse is applied. It feels like the tingling you feel when you rub your feet on the carpet then touch a metal object. The testing can be quite uncomfortable and makes some people nervous. Keep in mind that only a very low-voltage electrical current is used. Each pulse is very brief (less than a millisecond).


- <http://www.csmc.edu/7080.html> - Cedars-Sinai Institute for Spinal Disorders




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**Medicare Local Coverage Determination L24053
Electrodiagnostic Testing: Nerve Conduction
studies (NCS) & Electromyography (EMG)**


- Introductory Note: CIGNA Government Services expects healthcare professionals who perform electrodiagnostic (ED) testing will be appropriately trained and/or credentialed, **either by a formal residency/fellowship program and certification by a nationally recognized organization, or by an accredited post-graduate training course covering anatomy, neurophysiology and forms of electrodiagnostics** [including both NCT and EMG] acceptable to this Carrier, in order to provide the proper testing and assessment of the patient's condition, and appropriate safety measures.
- Individuals not meeting these criteria who perform electrodiagnostic testing may be asked for credentials indicating proficiency, or have claims subject to review and denial as not medically necessary.




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LCD Highlights (cont.)


- F-wave studies are often performed in conjunction with motor NCS; H-reflex studies involve both sensory and motor nerves and their connections with the spinal cord. The device used must be capable of recording amplitude, duration, response configuration (motor NCV) and latency and sensory nerve action potential amplitudes (sensory NCV). **Sensory perception or other testing by simple hand-held devices (Neurometer and current perception testing with any method) should not be billed as NCT.**
- Initial nerve conduction testing of a symptomatic patient with possible neuropathy may be performed as an adjunct to the physical examination with devices that use fixed anatomic templates and computer-generated reports (**such as the NC-Stat device**), and use of such devices may be covered in some clinically appropriate circumstances when not performed as a screening test. **Such testing should not be billed with CPT codes 95900, 95903 and 95904. Documentation should include the name of the particular device used.** (Please see accompanying article for billing instructions.)




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LCD Limitations

- Testing by simple hand-held devices or pressure-sensitive sensory devices is not covered by Medicare. Nerve conduction studies must provide, in a real-time fashion to facilitate provider interpretation, a number of response parameters. Those parameters include amplitude, latency, configuration and sensory conduction velocity. **Medicare does not accept diagnostic studies that do not provide this information or those that provide delayed interpretation as substitutes for nerve conduction studies. Raw measurement data obtained and transmitted trans-telephonically or over the internet, therefore, does not qualify for the payment of the electro-diagnostic service codes included in this policy.**



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NC Medicaid Coverage Guidance <http://www.ncdhs.gov/dmabulletin/1001bulletin.html#nerve>

Billing Nerve Conduction Studies (Oct 2001 Bulletin)

The N.C. Medicaid program reimburses for nerve conduction studies when they are medically necessary. Current procedural terminology codes 95900, 95903, and 95904 refer to testing performed using standard electro-diagnostic equipment. These devices must be capable of recording amplitude, duration, and response configuration as well as latency and sensory nerve action potential amplitude. **Reimbursement for examinations using portable hand-held devices is included in the office visit and cannot be billed separately.** Procedure codes 95900 and 95903 cannot be billed for testing of the same nerve on the same day. Procedure code 95903 with F-wave study includes the services of a test without F-wave study. When one nerve is tested without F-wave study and a different nerve is tested with an F-wave study, bill both 95900 and 95903.

One unit of service represents all studies performed on a single nerve, including latency, velocity, amplitude, and response with antidromic or orthodromic stimulation. The medical record must clearly document the medical necessity and identify each type of test performed.

The clinical efficacy and applicability of Current Perception Threshold testing in diagnosing or managing a disease has not been established. Therefore, Current Perception Threshold testing is not covered by Medicaid and will not be reimbursed.



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Aggressive Marketing of Testing Devices






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Equipment Marketing

New Nerve Test, a Moneymaker, Divides Doctors (NY Times Oct 20th, 2006)
http://www.nytimes.com/2006/10/20/business/20device.html?_r=1&ref=slogin







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NY Times Article Highlights


- For many doctors, it's an irresistible pitch: a \$250 profit from a 15-minute test. With that lure, some 12,000 of the nation's physicians have purchased an automated device that checks patients for nerve disease. Such a diagnosis might otherwise require extensive testing by specialists.
- The system, made by a company called Neurometrix, "is being marketed to and utilized by physicians who are not qualified to do these tests," said Dr. John D. England, a neurologist at the Billings Clinic in Montana
- The popularity of Neurometrix's nerve-testing system, called the NC-stat, speaks to the zealous sales practices that some makers of medical devices employ to build the largest possible market for their products. The company's marketing is the subject of an investigation by federal regulators, with which the company says it is cooperating. **But the product's success among general practitioners — the company's primary customers — also touches on a more fundamental fact of the American health care system. Medicare and other insurers tend to pay doctors much more for performing diagnostic tests and other billable procedures than for spending time talking with patients about their symptoms and figuring out how best to treat them.**



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NY Times Article Highlights

- A worksheet prepared by one former Neurometrix salesman, labeled "CONFIDENTIAL OPPORTUNITY," showed how a doctor could realize an annual profit of \$46,588.80 by testing 10 patients a week.
- For physicians, who might be able to bill only \$80 or so for a routine 30-minute office visit, Neurometrix's promise of a profit as high as \$250 for 15 minutes, is compelling. So was a customer-referral program in which physicians could receive hundreds of dollars in free products for steering other doctors to Neurometrix.
- Since the Food and Drug Administration approved the NC-stat in 1998, the company estimates that more than 500,000 patients have been tested with the system, in which biosensors are attached to the skin to stimulate nerves, and a hand-held device records the results. The doctor can transmit the readings to the company and within minutes receive the findings by a fax or e-mail message.



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NY Times Article Highlights

- In May 2007, Neurometrix said the Department of Health and Human Services had issued a subpoena for documents from the company in connection with potential kickbacks and possible fraud against the federal government. The company offered no further details, and federal regulators declined to comment.
- In February 2009, Neurometrix reached a \$3.7 million settlement agreement, entered into a five-year Corporate Integrity Agreement, and promised to change its business practices.



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Equipment Marketing

TeleEMG's NCV Expert™ Service


A unique opportunity to set up your own successful nerve conduction practice in less time than you ever thought possible!

We will

- Set you up with the EMG equipment that meets your practice requirements
- Provide you with Audio-Visual training materials and manuals to perform NCVs in your office
- Set up intensive, hands-on training sessions with you and your technicians in your Lab on your machine
 - And each time you perform a study, give you
- An on the spot expert NCV report with a complete analysis of your study's findings
 - A patient education summary explaining your findings in "plain English"
 - Color diagrams of the nerves and extremities you studied
- A list of the CPT codes you need to use for all your Medicare/Insurance billing (typical CPT codes include 95903, 95904, and 95904 codes)
- All this delivered to you instantaneously, on your machine, in your office, on a 24/7 basis.
 - And, unlike other solutions, your data is always safe and secure with the NCV Expert™!


Nerve conduction studies can be a great addition to your practice, be it Primary Care, Internal Medicine, Orthopedics or Pain Management. If EEG, Ultrasound, and X-Rays, among others, have become part of your practice, why not Nerve Conduction Studies? Stop referring your patients out!




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Stage 1 Study Design and Hypothesis


- Hypothesis: General Practitioners who provide large quantities of nerve conduction studies may be utilizing a non-covered device and/or may not have the appropriate qualifications to perform the test
- Time frame: 1/1/2007 – 5/31/2008 dates of service
- Procedure codes: 95900, 95903, and 95904
- Specialties excluded: 13 (Neurology) and 25 (Physiatrist)




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Medi-Medi Payment Summary


Prov Name	Medicare		Medicaid	
	Spec	Amnt Paid	Spec	Amnt Paid
Provider A	09	\$71,584.35	070	\$79,792.50
Provider B	06	\$62,334.41		
Provider C	47	\$58,787.12	070	\$26,787.42
Provider D	11	\$58,190.33	011	\$88,030.34
Provider E	08	\$56,618.90	061	\$41,494.48
Provider F	11	\$54,548.96	011	\$25,729.34
Provider G	11	\$49,552.70	011	\$74,414.49
Provider H	11	\$46,552.84	011	\$17,212.45
Provider I	11	\$46,552.84	011	\$1,676.16
Provider J	11	\$46,552.84	011	\$36,796.26
Provider K	11	\$46,552.84	011	\$67,811.27
Provider L	14	\$44,546.21	011	\$16,444.13
Provider M	14	\$44,546.21	011	\$427.33
Provider N	01	\$42,216.99	014	\$23,880.43
Provider O	11	\$42,186.95	061	\$57,691.75
Provider P	09	\$40,796.73	020	\$42,713.15
Provider Q	08	\$40,369.11	061	\$2,570.55
Provider R	11	\$39,695.20	070	\$6,900.91
Provider S	20	\$37,999.83	020	\$25,083.81
Provider T	06	\$37,562.00		
Provider U	09	\$37,482.86	020	\$42,713.15
Provider V	11	\$36,476.53	011	\$6,777.69
Provider W	20	\$32,955.10	070	\$3,443.26
Provider X	20	\$32,955.10	020	\$401.88




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Provider E – Prepay Review results


- Submitted 19 lines of 95904 since April 2008, all denied with the following comment:
 - “...Testing by simple hand-held devices or pressure sensitive sensory devices is not covered by Medicare. ...”
 - Overall 62 of his 74 NCT have been denied while on prepay review
 - In the complaint, the PA states that the provider is billing excessively for nerve conduction tests. She also alleges that the provider is having his son perform these services with him. Further conversations with our prepay nurses indicate that Provider E is billing a number of these services and they are being denied. Additional data analysis showed that the provider began providing nerve conduction tests in the last couple years and the dollar amount has greatly increased.




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Medically Unlikely Edits


- The medically unlikely maximum units were identified as follows:
 - 95900 – 8 units
 - 95903 – 8 units
 - 95904 – 10 units
- These figures were provided by Dr Niles Rosen via the May 2008 DART call. They had been adjusted from 6 units for each of the codes based upon feedback from providers and further research.




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Medically Unlikely Edits Summary

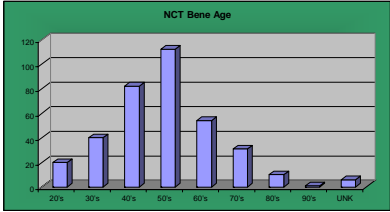
Provider Name	spec	Instances	Paid Amt
Dr. Alfa	08	95	\$ 56,228.97
Dr. Bravo	09	106	\$ 52,905.69
Dr. Charlie	08	89	\$ 43,078.87
Dr. Delta	11	67	\$ 39,685.26
Dr. Echo	11	53	\$ 28,446.64
Dr. Foxtrot	11	42	\$ 25,683.93
Dr. Golf	11	43	\$ 18,769.83
Dr. Hotel	05	30	\$ 13,338.40
Dr. India	13	26	\$ 11,993.84
Dr. Juliet	25	21	\$ 10,268.23
Dr. Kilo	20	17	\$ 7,886.07
Dr. Lima	13	15	\$ 7,868.31
Dr. Mike	25	3	\$ 6,509.37
Dr. November	05	13	\$ 5,932.77
Dr. Oscar	11	10	\$ 5,918.20
Dr. Papa	20	12	\$ 5,549.07




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Dr. Payne, MD

State	Provider Name	Spec	Without EMG	Overall Total	% Without
LA	Group Member 1	01	\$ 263,711.05	\$ 263,711.05	100.0%
LA	Group Member 2	08	\$ 5,763.80	\$ 5,763.80	100.0%



NCT Bene Age





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Dr Payne, MD

Proc Code	Proc Code Label	Spec	Provider Full Name	Benes	Min DOS	Max DOS	Paid to Provider
95903	Motor Nerve Conduction Test	01	Dr Payne	422	6/19/2007	12/22/2008	\$ 170,889.28
95904	Sense Nerve Conduction Test	01	Dr Payne	422	6/19/2007	12/22/2008	\$ 129,899.77
93307	Echo Exam of Heart	01	Dr Payne	406	6/29/2007	12/17/2008	\$ 62,327.87
99204	Office/Outpatient Visit, New	01	Dr Payne	402	6/19/2007	12/19/2008	\$ 42,013.63
93320	Doppler Echo Exam, Heart	01	Dr Payne	406	6/29/2007	12/17/2008	\$ 27,496.73


DX Line	DX Label	Pd to Provider
7244	LUMBOSACRAL NEURITIS NOS	\$ 172,884.97
3569	IDIO PERIPH NEURPTHY NOS	\$ 66,916.57
7234	BRACHIAL NEURITIS NOS	\$ 10,808.20
7242	LUMBAGO	\$ 6,422.94
7222	DISC DISPLACEMENT NOS	\$ 3,819.66



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Outcomes

- "Provider E"/ "Dr. Alfa" - \$914K overpayment between Medicare and Medicaid. Case is currently with FBI.
- "Provider B"/ "Dr. Charlie" - \$553K Medicare overpayment. Case is currently with OIG.
- Four other cases have either already been referred, or are under consideration to be referred to OIG Chicago for inclusion in a national investigation.



Questions

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Contact Information:

Chad Landtroop, Chief Statistician

615.872.8600 landtroc@admedcorp.com

Jeff White, Data Analysis Manager

615.872.8600 whitej@admedcorp.com